

OFFICIAL

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided

16. Inpatient psychiatric facility services for individuals under 22 years of age —

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided

18. Hospice care (in accordance with section 1905 (o) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided

*Description provided on attachment.

TN No. 89-17
Supersedes
TN No. 86-8

Approval Date

1/4/90

Effective Date 01/01/90

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES PROVIDED

Title XIX - NH
Attachment 3.1-A
Page 7-a

OPTIONAL

15a. and 15b. Intermediate Care Facilities

Payment for nursing facility care is available to both categorically and medically needy recipients in need of such care. Payment for nursing facility care must be prior authorized for a specified period of time based on the amount and length of care recommended by the recipient's physician. Payment is made for a non-private room. Determination of need for nursing facility care and authorization of payment for nursing facility care is made by the Office of Long Term Care.

Medicaid-only certified beds in which nursing facility services are provided shall be at or about 5,146 beds statewide. However, the Department of Health and Human Services does not intend to attain this number of beds unless there is a need for the beds to ensure access to services. Furthermore, the Commissioner or his/her designee shall approve certification of additional Medicaid-only nursing facility beds if needed to ensure access to nursing facility services. *

Nursing facility beds certified for both Medicare and Medicaid will be approved in accordance with He-Hea 904.

16. Inpatient Psychiatric Facility Services

Inpatient psychiatric facility services for individuals under 22 years of age are available to both categorically and medically needy recipients in need of such services. Providers must be designated by the director of the Division of Behavioral Health Services as a Designated Receiving Facility. A Designated Receiving Facility is any community mental health program or treatment facility which serves both voluntary and involuntary emergency hospitalization patients. Designated Receiving Facility services are:

1. In a physically separate area used exclusively for psychiatric patients;
2. Provided by staff with specialized training in mental illness and its treatment;
3. Provided by a facility with a discrete unit budget;
4. Provided by a facility accredited by JCAH under the psychiatric standards; and
5. Generally recognized as a discrete operating unit.

17. Nurse Midwife Services

Nurse midwife services are provided to both the categorically and the medically needy under the categories of nurse midwife services, ARNP services, physician services, rural health clinic services and clinic services. They are subject to the limitations of the individual service categories described elsewhere in this plan. These services are performed by ARNPs (see Other Practitioner Services).

* The legislature has mandated that funding be made available for appropriate and effective alternatives to nursing facility services. This can be accomplished by providing funding only for the number of nursing facility beds that are necessary to achieve the purpose of providing nursing facility services. The number of beds available to Medicaid eligibles is currently significantly greater than the number of beds occupied.

Official

Revision: HCFA-PM-94-4
APRIL 1994(MB) ATTACHMENT 3.1-A
Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New HampshireAMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1913(g) of the Act).

X Provided: X With limitations Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act. (F) of

 Provided: With limitations*X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

No. 94-13 TN
 Supersedes 93-12, p8 Approval Date 7/13/94 Effective Date 1/1/94
 and TN 90-17, p.10 (Note Attachment 3.1-A, p.10-A (TN 92-17) now becomes p.10)

State/Territory: New Hampshire

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

23. Certified pediatric or family nurse practitioners' services.

Provided: ☒ No limitations ☒ With limitations* See ARNP

*Description provided on attachment.

TN No. 94-22

Supersedes

Approval Date

10/20/94

Effective Date 01/01/94

TN No. 91-23

Office 1

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX - NH
Attachment 3.1-A
Page 8a-a

21. Ambulatory Prenatal Care for Pregnant Women

Services are subject to the limitations stated elsewhere under each specific service listed in Attachment 3.1-A and 3.1-B.

TN No. 94-22
Supersedes
TN No. ----

Approval Date 10/20/94

Effective Date 01/01/94

20. Extended Services to Pregnant Women

- a. Major categories of services covered are the same services covered under this state plan for all categorically and medically needy Medicaid recipients.

Extended services provided by Division of Public Health Services (DPHS) contracted prenatal programs are exempt from the service limits. DPHS contracted prenatal programs provide services such as coordination with the WIC Program and case management services. Services include sixty (60) days post partum.

- b. Major categories of service covered are the same services covered under this state plan for all categorically and medically needy Medicaid recipients.

Services are subject to the limitations stated elsewhere under each specific service listed in Attachment 3.1-A and 3.1-B.

- c. ~~Outpatient~~ substance abuse treatment is available to pregnant and post partum women when provided by agencies under contract obligation with the Office of Alcohol and Drug Abuse Prevention (OADAP) to provide substance abuse services to pregnant and post partum women, and with the Division of Public Health Services to provide prenatal and post partum services.

Substance abuse treatment services are also available to pregnant and post partum women who reside at residential treatment and rehabilitation facilities of fewer than 17 beds that are under contract obligation with the Office of Alcohol and Drug Abuse Prevention (OADAP) to provide substance abuse services to pregnant and post partum women, and that will allow the residents to bring their minor children of the women residents, and that sign a provider agreement addendum that stipulates reporting requirements.

TN No. 94-25
Supersedes
TN No. 93-14

Approval Date

10/20/94

Effective Date 07/01/94

State/Territory: New Hampshire

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 91-23

Supersedes

TN No. 90-12

Approval Date

11/27/92

Effective Date 11/01/91

HCFA ID: 7986E

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES

OFFICIAL
PROVIDED

Title XIX-NH
Attachment 3.1-A
Page 9-b

23a. Transportation (continued)

Payment is made for loaded mileage only from the point of pickup to the drop-off point less the first 5 miles. Only one base rate is allowed for a single one-way trip or a round trip or two base rates may be charged for two one-way trips for the same recipient on the same day. Waiting time is paid up to a maximum of two hours and for round trips only. Payment is made for twenty four (24) wheelchair van trips per recipient per year, whether one way or round trip.

Payment will not be made to a medical service provider transporting recipients to his/her location of service. Hospital-based ambulance service providers may be reimbursed as providers of ambulance services when the operating costs of the ambulance service are not incorporated into the reimbursement rates for the hospital.

Private individuals, including recipients or members of their families, may be reimbursed for use of their own cars for necessary and reasonable medical transportation. Payment is made for loaded mileage only from the point of pick-up to the drop-off point. The intent of this guideline, however, is to encourage recipients to seek payment for use of their own automobiles only when absolutely necessary to obtain medical care.

Payment for medical transportation other than by ambulance or wheelchair van is based on the following considerations:

- Free medical transportation is unavailable.
- The transportation used is the least costly, given the recipient's locale and physical condition.
- The transportation is used to travel to and from medical providers.
- The transportation is between like medical facilities when the facility at which the patient is being treated is not adequately equipped.
- Charges are those usual and customary fares charged to all other customers.
- Prior approval has been given for those services requiring it.

TN No. 98-02
Supersedes
TN No. 95-07

Approval Date

5/15/98

Effective Date

1/1/98

State: New Hampshire

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals,
as defined, described and limited in Supplement 2 to Attachment 3.1-A,
and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

* NH Medicaid
State Plan already
has a page 10.
Thus, we have called
this page, page 10A.

TN No. 92-17
Supersedes
TN No. ---

Approval Date

3/4/93

Effective Date

10/01/92